

## **Mental Health and Well-being Policy**

Reviewed: March 2025

Review date: March 2026

Person responsible for policy: JDB / AJK



## Mental Health & Well-being Policy

## 1. Why Mental Health and Well-being is Important

Droitwich Spa High School aims to promote the mental health and well-being of its entire school community: students, staff, parents and carers, recognising the importance of robust mental health and emotional well-being to lives and to learning. Persistent problems in mental health may lead to students making significantly less progress than the majority of those of the same age as well as affecting the quality of their life and relationships. All children go through ups and downs through their school career and some face significant and challenging life events. About 10% of children aged 5 to 16 have a diagnosable mental health need.

The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need.

The Department for Education (DfE) recognises that: "in order to help their students succeed; schools have a role to play in supporting them to be resilient and mentally healthy".

The role of the school is to create an environment where students are equipped with the information and personal resources to meet challenges in the future. It should be a place where young people develop self-esteem within a nurturing and supportive environment. Realistically school will be for some a place of respite from difficult home lives, offering the positive role models and relationships which can promote well-being and a sense of belonging and community.

## 2. Purpose of the Policy

This policy sets out how the school:

- promotes positive mental health
- works to prevent mental health problems
- identifies and supports students with mental health needs
- trains and support all staff in recognising the early indications of mental health problems
- promote resilience we strive for students to act on support and take responsibility to help themselves

It also provides information about some common mental health problems and indicates where parents, staff and students can get advice and support.

## 3. Definition of Mental Health and Well-Being

The school uses the World Health Organisation's 2014 definition of mental health and wellbeing:

"... a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."



Mental health and well-being are not simply the absence of mental health problems. The aspiration is for all students to:

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- manage times of stress and be able to deal with change
- learn and achieve

#### 4. Links to other Policies

This policy links to our policies on Safeguarding, Looked After Children, Anti-Bullying, Behaviour and Discipline, Personal Social Health Education (PSHE), Sex and Relationships Education (SRE) and Special Educational Needs and Disabilities (SEND) Policy. Links with the Behaviour and Discipline Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

## 5. A Whole School Approach to Promoting Positive Mental Health

The whole school approach to the promotion of positive mental health has six aspects;

- 1. Creating and embedding an ethos that supports mental health and personal resilience.
- 2. Encouraging students to develop positive relationships, support one other and seek help when it is needed.
- 3. Teaching students social and emotional skills and an awareness of mental health.
- 4. Early identification of students with mental health needs, providing relevant support both within and beyond the school.
- 5. Working effectively with parents and carers.
- 6. Equipping staff with appropriate skills and understanding.

The school seeks to counter the stigma that can hinder understanding of mental health issues by creating an open and positive culture where discussion is encouraged.

## 6. Roles and Responsibilities

## a) The Mental Health Lead;

- Leads on and works with other staff to coordinate whole school activities to promote positive mental health.
- Maintains and updates the school's online Early Help offer including mental health support for students, staff and parents/carers.
- Provides advice and support to staff and organises training and updates.
- Keeps staff up to date with information about what support is available. This is disseminated in whole staff briefing and full staff meetings throughout the academic year.
- Liaises with the PSHE Leader on teaching about mental health.



- is the first point of contact and communicates with mental health services.
- Leads on and makes referrals to external services: CAMHS, Anchor (specifically of LAC and PLAC students), GP, School Nurse, ActOnIt through Onside Advocacy.

## b) All Staff

All staff should be alert to the early warning signs of mental health problems and ensure that such students are offered early intervention and continuing support. Among the risk factors that staff should recognise are;

- long-term physical illness,
- a parent who has a mental health problem, including domestic and substance abuse.
- bereavement,
- loss of friendships,
- family breakdown,
- bullying,
- Unmet learning needs.

Staff should also appreciate the factors that can counter adversity, such as self-esteem, effective communication, a sense of worth and belonging and emotional literacy.

## c) More specialised support within school

Whilst **all** staff have a responsibility to promote positive mental health and to appreciate the relevant protective and risk factors, some students will require more specialised help. This is provided by:

- The Pastoral support staff. This includes the following:
  - staff who have received training in Mental Health First Aid (Appendix 3)
  - Heads of House,
  - The Safeguarding/Child Protection Team (Appendix 3)
  - The Child Looked After mentor
  - The SENDCo and relevant LSAs
  - School Counsellor / Wellbeing and Pastoral Support Officer
  - Droitwich WEST a branch of CAMHs

## d) External Support

Although many behaviours and emotional problems can be supported within the school environment, certain students will need more intensive support from external professionals. The school makes referrals to;

- Children Missing Education Team.
- Medical Education Team.
- The Chadsgrove Pathway for students who are unable to attend school because of profound mental health or well-being issues.
- The school nursing team
- Child and Adolescent Mental Health service (CAMHs).



## 7. Supporting Students' Positive Mental Health

Practices / mechanisms that promote mental health include the following;

## a) Support with transition to High School.

- Liaison with key staff at Westacre and Witton Middle Schools, identifying students already presenting mental health and well-being issues, with targeted invitations for tours of the school and introductions to key staff, in addition to the general transition days.
- Individual transition meetings with parent/carers, prospective students and relevant staff.

## b) Student-led Activities

Campaigns, tutor activities and assemblies to raise awareness of mental health, particularly
 Mental Health Awareness week

## c) Curriculum Activities

- PSHE / RSE curriculum have bespoke resources delivered to all students, differentiated by year group, providing the knowledge and social and emotional skills that will help them to be more resilient, understand mental health and reduce the stigma of mental health problems.
- Assemblies throughout the year address aspects of Mindfulness, Mental Health and Wellbeing.
- Tutor time activities aim to develop resilience and promote mental health.

#### d) Whole School Provision includes:

- Around the school there are displays and information about positive mental health and sources support.
- Support for vulnerable students is provided in The Centre at break and lunch time. This includes trained staff who oversee activities to encourage healthy social interactions.
- All students, staff and parents /carers have access to an eclectic bank of resources via our
  website through the school website where the Early Help section supports those seeking
  advice and information: <a href="https://website.droitwichspahigh.worcs.sch.uk/index.php/mental-health-and-wellbeing-2/">https://website.droitwichspahigh.worcs.sch.uk/index.php/mental-health-and-wellbeing-2/</a>

## 8. Early Identification

The school seeks to identify mental health needs as early as possible. The school's ways of doing this include;

• Staff having annual Safeguarding training. This includes recognising early signs of mental health and well-being issues, creating a safe place for students to communicate effectively, leading conversations with confidence and how to explore self-help. Furthermore, staff are trained on how to report concerns through CPOMS.



- Staff being Attachment Aware updates on this theme and distinguishing between safeguarding and mental health needs are delivered in briefings / staff meetings by the Mental Health Leads, Droitwich WEST or the SENDCo.
- Identify individuals that might need support and referring them through CPOMS.
- Basic training for reception staff who are often the first point of contact with families seeking support.
- Home / School liaison with students and their families.
- Analysis of attendance, behaviour, exclusions, visits to the medical room.
- student questionnaires.
- gathering information from a previous school at transfer or transition.
- enabling students to raise concerns with class teachers, tutors and support staff.
- encouraging parents and carers to raise concerns.
- drop-ins or organised referrals to the School Nursing team or external agency.

## 9. Staff Training

All staff have or will receive training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a student is experiencing mental health problems. These signs might include;

- non-verbal behaviour,
- isolation from friends and family and becoming socially withdrawn,
- changes in activity or mood or eating/sleeping habits,
- lowering academic achievement,
- talking or joking about self-harm or suicide,
- expressing feelings of failure, uselessness or loss of hope,
- an increase in lateness or absenteeism,
- not wanting to do PE or get changed for PE,
- drug or alcohol misuse,
- physical signs of harm that are repeated or appear non-accidental,
- wearing long sleeves in hot weather,
- repeated physical pain or nausea with no evident cause.
- Impulsive risk-taking behaviour

Any member of staff with such concerns refers the case via CPOMS for triage. At this point the Pastoral team, primarily the Senior Mental Health Leads, will follow this up appropriately.

Staff are aware that mental health needs such as anxiety may present as noncompliance, disruption or aggression.

## 10. Handling Disclosures by Students

a) Verbal Disclosures



It is important it is that staff are calm, supportive and non-judgmental should students verbally disclose a concern about themselves or a friend. Their emotional and physical safety is paramount and initially staff listen rather than advise. It is made clear to students that the concern will be shared with the Safeguarding Team and recorded to decide on the appropriate next step.

## b) Non-Verbal Disclosures

In line with the NICE (National Institute for Health & Care Excellence) guidance, staff also appreciate that unusually unsettled or poor behaviour may be an indication of an underlying mental health concern and changes in behaviour should trigger referral through CPOMS.

## c) Confidentiality

All disclosures are recorded on the student's confidential file within CPOMS, with the date, name of student and member of staff to whom they disclosed, summary of the disclosure and next steps.

## 11. Assessment, Interventions and Support

All concerns are reported to the Safeguarding Team via CPOMS. They are then assessed to ensure that students get appropriate support, either from within the school or from an external specialist service.

Need The level of need is based on discussions with key members of staff	Evidence-based Intervention and Support The kinds of intervention and support provided will be decided in consultation with key members of staff, parents and students For example, at triage level through CPOMS or a call from parents/carers,	Monitoring
Highest Need	<ul> <li>Contact with Level 4 Team at CAMHS / police / Children's Services if there is a suicide risk</li> <li>Referral to CAMHS for assessment.</li> <li>Referral to Childrens Services (where appropriate) or additional Family Support</li> <li>School Counsellor - 1:1 support</li> <li>Referral to SEND input. If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SEN School Information Report.</li> </ul>	<ul> <li>Where appropriate, interventions through CAMHS and external agencies tracked by attending meetings (where consent is acquired). Discussion, advice and support in Child and Mental Health Services (CAMHS) core hours for key staff</li> <li>Risk Assessment and review for the most serious of concerns</li> <li>Any referrals to external agencies tracked and meetings attended. All</li> </ul>
Moderate Need	<ul> <li>Referral to School Nurse</li> <li>Referral for WRAPP (Well-being, Resilience and Positivity Programme) through the school nursing team.</li> <li>Referral to the Droitwich WEST, Blues Programme, if appropriate.</li> </ul>	



	<ul> <li>Referral or signposting to Reach4Wellbeing or CAMHS CAST</li> <li>Referral for School Counselling</li> <li>Communication with a member of the Pastoral Team.</li> </ul>	records of meetings stored centrally on CPOMS.  • An electronic log is kept and there are monthly safeguarding team meetings
Low need	<ul> <li>Use of The Centre (Inclusion support) at breaks and lunch</li> <li>Communication and signposting students and parents to support through the school's website, specifically 'Early Help' Family and Student support.</li> <li>School counselling (dependent on need)</li> <li>Communication with the student's tutor and regular 'check-ins'</li> </ul>	

# 12. Working with Specialist Services to get swift access to suitable Specialist Support and Treatment

Some cases of mental ill-health require support from a specialist service. These might include anxiety, depression, school refusal or other complex needs. The school has links with a range of specialist services and will make frequent contact with the services to review cases and consider the next steps. School referrals to a specialist service will be made by the Senior Mental Health Lead /Head of House/Safeguarding Team following the assessment process and in consultation with the student and his/her parents or carers. Referrals will only go ahead with the consent of the parent/carer, all recorded on CPOMS.

#### 13. Support for Parents and Carers

We advertise a range of support both official and voluntary. Staff involved in a case have an Open-Door Policy. When a concern has been raised the school will:

- contact parents and carers and meet them to agree a way forward and discuss how they can support their child.
- offer information to take away and places to seek further information.
- be available for follow up calls.
- make a record of the meeting in CPOMS.
- In the rare event that parents and carers are not accessing services we will seek advice from the Local Authority, particularly from the Family Front Door.

Appendix 1



Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016)

	Risk Factors	Protective Factors
In the Child	Genetic influences • Specific development delay	Being female (in younger
	• Communication difficulties • Physical illness •	children) • Secure attachment
	Academic failure • Low self-esteem • SEND	experience • Outgoing
		temperament as an infant •
		Good communication skills,
		sociability • Being a planner
		and having a belief in control •
		Humour • Problem solving
		skills and a positive attitude •
		Experiences of success and
		achievement • Faith or
		spirituality • Capacity to reflect
In the Family	Overt parental conflict including domestic	At least one good parent-child
	violence • Family breakdown (including where	relationship (or one supportive
	children are taken into care or adopted) •	adult) ● Affection ● Clear,
	Inconsistent or unclear discipline    ◆ Hostile and	consistent discipline ● Support
	rejecting relationships • Failure to adapt to a	for education • Supportive
	child's changing needs ● Physical, sexual,	long-term relationship or the
	emotional abuse or neglect • Parental psychiatric	absence of severe discord
	illness • Parental criminality, alcoholism or	
	personality disorder • Death and loss – including	
	loss of friendship	
In the School	Bullying • Discrimination • Breakdown in or lack	Clear policies on behaviour and
	of positive friendships • Negative peer influences	bullying • Open door policy for
	<ul> <li>Peer pressure ● Poor student to teacher</li> </ul>	children to raise problems • A
	relationships	whole-school approach to
		promoting good mental health
		Positive classroom
		management (IQFT) • A sense
		of belonging • Positive peer
		influences
In the	• Disaster, accidents, war or other overwhelming	High standard of living • High
Community	events • Discrimination • Other significant life	morale school with positive
	events	policies for behaviour,
		attitudes and anti-bullying •
		Opportunities for valued social
		roles • Range of sport/leisure
		activities

## Appendix 2



## a) Specific mental health needs most commonly seen in school-aged children

For information see Annex C Main Types of Mental Health Needs in Mental Health and Behaviour in School DfE March 2016 https://www.gov.uk/government/publications/mental-health-and-behaviour-inschools--2

Annex C includes definitions, signs and symptoms and suggested interventions for:

- Anxiety (including panic attacks, phobias and Obsessive Compulsive Disorder (OCD)
- Depression
- Eating Disorders
- Substance Misuse Self Harm

## b) Suicidal Thoughts

The DfE guide does not include specific information on suicidal thought. Young people may experience thoughts and feelings about wanting to end their lives. Some young people never act on these feelings but may openly discuss and explore them, while other young people die suddenly from suicide without any apparent warning signs.

Appendix 3



## Staff with Senior Mental Health Lead qualification:

- Mr Jamie Broughton
- Mr Aam Kirk

## **Staff with a Mental Health First Aid qualification:**

- Mr Jamie Broughton
- Mr Adam Kirk
- Mrs Fiona Limburn
- Mrs Habberton
- Mrs Hemming
- Mrs Proust
- Miss Farmer

#### Safeguarding Team.



Droitwich Spa High School and Sixth Form Centre takes its responsibilities as a data controller and data processor seriously and are committed to using any personal data collected and held in accordance with the law. The schools policies, privacy notices and forms in relation to personal data are available for you to view on our web site at <a href="https://www.droitwichspahigh.worcs.sch.uk">www.droitwichspahigh.worcs.sch.uk</a> or by using the

https://website.droitwichspahigh.worcs.sch.uk/index.php/communications/information-management-and-data-protection/
The School's Data Protection Officer is the *Head of Governance and Compliance* who can be contacted at Droitwich Spa High School and Sixth Form Centre, Briar Mill, Droitwich, WR9 0AA or by email at <a href="mailto:privacy@droitwichspahigh.worcs.sch.uk">privacy@droitwichspahigh.worcs.sch.uk</a>